

Visual Inspection Field Log Sheet						
Date and Time of Inspection:				Report Date:		
Inspection Type:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Before predicted rain	<input type="checkbox"/> During rain event	<input type="checkbox"/> Following qualifying rain event	<input type="checkbox"/> Contained stormwater release	<input type="checkbox"/> Quarterly non-stormwater
Site Information						
Construction Site Name:						
Construction stage and completed activities:					Approximate area of exposed site:	
Weather and Observations						
Date Rain Predicted to Occur:				Predicted % chance of rain:		
Estimate storm beginning: _____ (date and time)	Estimate storm duration: _____ (hours)		Estimate time since last storm: _____ (days or hours)	Rain gauge reading: _____ (inches)		
Observations: If yes identify location						
Odors Yes <input type="checkbox"/> No <input type="checkbox"/>						
Floating material Yes <input type="checkbox"/> No <input type="checkbox"/>						
Suspended Material Yes <input type="checkbox"/> No <input type="checkbox"/>						
Sheen Yes <input type="checkbox"/> No <input type="checkbox"/>						
Discolorations Yes <input type="checkbox"/> No <input type="checkbox"/>						
Turbidity Yes <input type="checkbox"/> No <input type="checkbox"/>						
Site Inspections						
Outfalls or BMPs Evaluated			Deficiencies Noted			
(add additional sheets or attached detailed BMP Inspection Checklists)						
Photos Taken:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photo Reference IDs:			
Corrective Actions Identified (note if SWPPP/REAP change is needed)						
Inspector Information						
Inspector Name:				Inspector Title:		
Signature:					Date:	